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Health Volunteers Overseas Program

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Health Volunteers Overseas Program

Thomas Jefferson University, Magee Rehabilitation, and MossRehab Hospitals, in conjunction with Health Volunteers Overseas (HVO), hosted a two-week training program in July 1999 for three representatives of the Vietnamese Rehabilitation Community: Nguyen Tien Dinh, MD, Chair of the Rehabilitation Steering Committee of the Ministry of Health; Pham Quang Lung, MD, Vice President of VINAREHA (a national rehabilitation association); and Ms. Nguyen Minh Chau, BS, PT, a physical therapist and HVO staff member who served as translator.

HVO is a private, non-profit volunteer organization based in the United States that fosters long-term improvements in the quality and availability of health care in developing countries. The HVO Vietnamese Rehabilitation Program was launched in September 1992 with funding from the U.S. Agency for International Development (USAID). The program's goal is to improve the capacity of the Vietnamese Government and individual health care professionals to provide persons with disabilities within their country a wider range of rehabilitation services.

The training program, under the direction of John L. Melvin, MD, required the coordination of physicians and health care professionals from Thomas Jefferson University Hospital, MossRehab, and Magee Rehab Hospital. Dr. Patricia Graham of Princeton Orthopaedic Associates developed the educational and organizational structure of the program in collaboration with Dr. Melvin; Barbara Bozarth, Program Director, Education, Office of Health Policy; and Lynn Grahame, Outcomes Manager at MossRehab's Drucker Brain Injury Center.

Drs. Andrea Laborde, Gary Goldberg, and Tessa Hart of the Drucker Brain Injury Center familiarized the participants with the issues surrounding traumatic brain injury (TBI) and the roles of the TBI team members. Drew Nagele, PhD, Director, Community Reentry Program, and Tom Smith, Clubhouse Manager, provided an opportunity for participants to tour MossRehab's Clubhouse, where they were able to examine individualized work re-entry programs and on-site employment and counseling services for patients. Dr. John Ditunno (TJUH, Department of Rehabilitation Medicine) described the spinal cord injury (SCI) clinical care model, elaborating on treatment protocols from the time of injury to development of the community care plan. At Magee Rehab, Dr. Chris Formal addressed SCI team roles and acute rehabilitation training issues.

Dr. Edward Wikoff and the staff of MossRehab Amputee Service elucidated their amputee care model and medical management issues. Dr. Alberto Esquenazi, Director, MossRehab Gait and Motion Analysis Lab, and Dr. MaryAnn Keenan, Director, Institute for Mobility Evaluation and Training, provided participants the opportunity to observe the joint physiatricorthopedic evaluation and treatment process necessary for patients with complicated limb contractures and spasticity and resultant gait abnormalities. Dr. Arthur Gershkoff (Stroke Service, MossRehab) led a discussion on cerebrovascular accidents (CVA) and associated medical management issues. Dr. Judith Peterson, of TJUH, provided exposure to an American model for acupuncture treatment. Lynn Grahame coordinated the visitors' in-house MossRehab experiences as well as their sightseeing opportunities.

The participants were particularly impressed and influenced by the interdisciplinary team decision-making process (including physicians, physical therapists,

occupational therapists, nurses, psychologists, and social workers) in patient evaluation and treatment. Also of interest to them was the significant American reliance on human therapy interventions, rather than on rehabilitation equipment, to treat rehabilitation patients. After completing this program, the participants submitted a report to the Ministry of Health with the following recommendations to: 1) build a central rehabilitation hospital which will train and provide guidance to all rehabilitation facilities; 2) create a training program overseas, particularly for occupational therapy, speech therapy, and psychology; 3) pursue a reduction in use of treatment equipment and an increase in use of physical therapists and nurses for patient intervention; and, 4) support an increase in the physician-staff ratio, to one doctor per five physical therapists and nurses for all rehabilitation departments.

About the Authors

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